



# AMERICAN HEMEROCALLIS SOCIETY

## Registration Form

This form may also be used for two-year Name Reservation

PROPOSED CULTIVAR NAME: \_\_\_\_\_

Date \_\_\_\_\_ SECOND CHOICE: \_\_\_\_\_

NEW CULTIVAR REGISTRATION (\$15.00):  Yes  No **OR** TWO-YEAR NAME RESERVATION (\$6.00):  Yes  No

SEEDLING NUMBER \_\_\_\_\_

HEIGHT OF SCAPE \_\_\_\_\_ inches. SEASON {Circle one}: EE E EM M MLa La VL a REBLOOM:  Yes  No

Diameter of flower as naturally standing \_\_\_\_\_ inches. Branches Per Scape \_\_\_\_\_ Buds Per Scape \_\_\_\_\_

COLOR: {Circle as applicable} 1. Self 2. Blend 3. Polychrome 4. Bitone 5. Bicolor 6. Eyed or Banded 7. Edged or Picoteed

Color in Mass \_\_\_\_\_ Petal Color \_\_\_\_\_

Sepal Color \_\_\_\_\_ Throat Color \_\_\_\_\_

Color of band, halo, watermark, eyezone, or edge \_\_\_\_\_

Please indicate the representation submitted:  Photographic Color Slide  Digital Image  Photograph

DIPLOID **or**  TETRAPLOID BLOOMING: diu., noc., ext. FRAGRANCE: none, fr., vfr. FOLIAGE: ev., sev., dor.

POD PARENT: \_\_\_\_\_

POLLEN PARENT: \_\_\_\_\_

FLOWER FORM:  Single  Double ( \_\_\_\_\_%)  Polymerous ( \_\_\_\_\_%)

Unusual Form {If Unusual Form then please select which characteristic(s) apply:  Crispate  Cascade  Spatulate }

Spider \_ {Must have a ratio of 4.0:1} \_ Petal Width \_\_\_\_\_ inches; Petal Length \_\_\_\_\_ inches; Ratio \_\_\_\_\_

ORIGINATOR \_\_\_\_\_ E-mail \_\_\_\_\_

Name of Garden \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name & Address of Registrant (if differs from Originator) \_\_\_\_\_

This form must be postmarked no later than November 1<sup>st</sup>, for cultivar to be included in current year Registration cycle. One Registration Form must be submitted for each cultivar and should be sent along with a fee of fifteen dollars (\$15.00) in US funds payable to the American Hemerocallis Society for each cultivar to

**Kevin P. Walek, Registrar - American Hemerocallis Society - 9122 John Way, Fairfax Station, VA 22039**

If the name of this cultivar is the name of a living person, other than your immediate family, have them sign below. "I hereby give the Registrant of this cultivar permission to use my name as a name for this Hemerocallis cultivar."

Signature \_\_\_\_\_ Date \_\_\_\_\_

The name of this cultivar is the name of a family member:  Yes  No **OR** the name of a deceased person:  Yes  No

If this cultivar was originated by anyone other than yourself have them sign below. I hereby give permission for this cultivar to registered by the person listed on this form.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Any member who proposes to name a daylily after a person who is deceased, is required to make every effort to gain permission to use the name from the estate of the deceased person. Any member who uses the name of a deceased person shall assume all legal responsibility for the use of the deceased person's name. Further, it is understood that any member who names a daylily by using the name of a deceased person herewith agrees, by signing this document, to indemnify and hold the American Hemerocallis Society harmless from any and all claims regarding such conduct, including payment of court costs, expenses and reasonable attorney's fees.

**Registrant's Signature submitting this document** \_\_\_\_\_ **Date** \_\_\_\_\_